Case	No.	

ANIMAL BITE REPORT AND QUARANTINE NOTICE PLACER COUNTY ANIMAL CONTROL

DATE/TIME	REC
DATE/TIME	DISP
TAKEN BY	DISP. TO

11251 B AVENUE, AUBURN, CA 95603 849 SHELTER ROAD, TAHOE VISTA, CA 96148

(530) 546-4269

	,	FAX (530) 88				o minoo bea	OII, OA	96143	FAX (530) 546	0-0233
OWNER'S NAME				D.O.B.		PERSON BITTEN					D.O.B.
DRIVER'S LICENSE NO.			HOME PHON	HOME PHONE		PARENT/GUARDIAN				HOME PHONE	
PHYSICAL ADDRESS			WORK PHON	IE .	PHYSICAL ADDRESS					WORK PHONE	
DITY						CITY					
VAILING ADDRESS						MAILING ADDR	ESS				
CITY				ZIP		CITY ZIP					ZIP
DIRECTIONS						DIRECTIONS					
	SCRIPTION OF ANIMAL NAME			BREED	COL	OR(s)	AGE SEX LICENSE NO.			VACCINATED? EXPIRAT	
妹 Dog 妹 Cat 妹 DESCRIPTION OF A	NIMAL	NAME		BREED	COL	OR(s)	AGE	SEX	妹 YES 妹 NO LICENSE NO.	VAC	YES 姝 NO CCINATED? EXPIRATION
妹 Dog 妹 Cat 好 DESCRIPTION OF A	NIMAL	NAME		BREED	COL	OR(s)	AGE	SEX	蛛 YES		YES 妹 NO CCINATED? EXPIRATION
妹 Dog 妹 Cat 如 DATE OF BITE	† Other	AM TREATME	NTGIVEN	PHYSICIAN	D.A	ATE .	SKIN BF	ROKEN	妹 YES 妹 NO PART OF BODY BITTEN	妹	YES 妹 NO
HOW BITE/EXPOSUR		PM 妹 YES						妹 NO	.,		
ANIMAL LOCATED 妹 YES 妹 NO	PROVOKED BITE 妹 YES 妹 NO	PRIOR BITES 妹 YES 妹 N		ADDRESS/LOCA	ATION OF OCC	CURRENCE					
ANIMAL QUARANTIN 妹 Vet. 妹 A.C.C.	NIMAL QUARANTINED AT DATE TIME			AM KENNE			INIT. QUARANTINE RELEASE DATE				
DISPOSITION OF ANI 妹 RTO 妹 Died 妹 Eutha		DATE	ACO INIT.	FRATEST 妹 YES 妹 NO	DATE PREP	ARED ACO INIT.	1				
LAB I.D. NUMBER	DATE TO	D LAB ACO I	NIT. TEST 妹 Pos		VICTIM CON	ITACTED : NO	ACO INIT.	DATI	DATE		AN PN
REMARKS			X1 F 03	ilive xi Negative	X 120 X	. NO		<u> </u>			
TACT WITH PI shall not be mo YOU MUST no Notify Animal C is a violation of Any person vio	ERSONS OF oved or destroyed or destroyed or destroyed or destroyed and the function of this order. Dolating this quantine Insert of the control of the cont	e at once showed Health Department (\$500.00) Structions E PRINT)	ed by you IMALS UI with the p ould this a partment i er is guilty or imprise	NTIL RELEA permission of nimal show a mmediately.	ORDERE SED BY T the Healt any sympt You are all neanor (So exceed s	ED ISOLATEI THE HEALTH THE Officer. The oms of sicking so warned the opening sicking s	D UPON I OFFIC ness, about the e	N YOUI ER OR normal scape ornia A both si	R PREMISES AWA HIS DESIGNATED behavior or dies do of this animal from dministrative Code uch fine and impris	O REPR uring th your cus) punish onment	e quarantine period stody for any reasonable by a fine not to
TACT WITH PI shall not be mo YOU MUST no Notify Animal C is a violation of Any person vio exceed Five H Additional Qu I,	ERSONS OF oved or destroyed or destroyed or destroyed or destroyed and the function of this order. Dolating this quantine Insert of the control of the cont	e at once sho e at once sho e Health Dep arantine orders (\$500.00) structions	ed by you IMALS UI with the p ould this a partment i er is guilty or imprise	is HEREBY NTIL RELEA permission of nimal show a mmediately.	ORDERE SED BY T the Healt any sympt You are all neanor (So exceed so	ED ISOLATEI THE HEALTH h Officer. Soms of sicknown sickn	D UPON I OFFIC ness, about the e	N YOUF ER OR normal scape ornia A both so	behavior or dies don't this animal from definition definition of the definition of t	or REPR uring the your cus) punish onment d abov	e quarantine period stody for any reasonable by a fine not to the control of the
TACT WITH PI shall not be mo YOU MUST no Notify Animal C is a violation of Any person vicexceed Five H Additional Qu	ERSONS OF oved or destrotify this office Control and the finis order. Colating this quandred Dolla parantine Insert College (PLEAS)	e at once showed Health Department (\$500.00) Structions E PRINT)	ed by you IMALS UI with the p ould this a partment i er is guilty or imprise	is HEREBY NTIL RELEA permission of nimal show a mmediately. of a misdem nonment not toackno	ORDERE SED BY To the Health any sympton are all the meanor (So exceed so exc	ED ISOLATEI THE HEALTH h Officer. Toms of sickn so warned th ection 2606(I six (6) month Dwnership/O	D UPON H OFFIC ness, ab nat the e b), Calife s, or by	n YOUI ER OR normal scape ornia A both so	behavior or dies de of this animal from describe	uring the your customers. It was a second to the contract of t	e quarantine period stody for any reasonable by a fine not to the and certify that

Signature______Date_____

SHELTER QUARANTINE CHECK

DATE	TIME	CONDITION	INIT.	TIME	CONDITION	INIT.	TIME	CONDITION	INIT.

ANIMAL BITE FIELD PATROL RECORD

DATE OF BITE:	DATE O	F RELEASE:	
ACTIVITY		DATE AND TIME	ACO